## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print ii	n ink.				
NAME OF FILER	(LAST)		(FIRST)	(MIDDLE)	
Gordon			Alan	Howard	
1. Office, Agency	y, or Court				
Agency Name		··			
Office of State	Controller				
Division, Board, Department, District, if applicable			Your Position		
Executive			Deputy for Environmental Affairs		
▶ If filing for multip	ole positions, list below or on an attachmen	nt.			
Agency: Senate			Position: Consultant	·	
2. Jurisdiction o	of Office (Check at least one box)				
∑ State			☐ Judge (Statewide Jurisdiction)		
Multi-County			County of		
•					
	ment (Check at least one box)			5 . 15 . 11	
2010	period covered is January 1, 2010, throug -or-	h December 31,	∠ Leaving Office: Date Left     (Check one)		
The period 2010.	covered is/, through	December 31,	<ul> <li>The period covered is Jan leaving office.</li> </ul>	nuary 1, 2010, through the date of	
★ Assuming Office     ★ Assuming Of	ice: Date <u>5 , 16 , 11</u>		<ul> <li>The period covered is</li> <li>of leaving office.</li> </ul>	/, through the date	
Candidate: El	lection Year Office	ce sought, if differ	ent than Part 1:		
4. Schedule Sur	nmary		18 8 9 TT 1959 E 50 O 50 O O O O O O O O O O O O O O O O	passenten er men er ocksånde men er men ock men er ocksånde men er ocksånde er ocksånde er ocksånde er ocksånde	
Check applicable	schedules or "None."	► To	tal number of pages including this	cover page:	
Schedule A-1	<ul> <li>Investments – schedule attached</li> </ul>		Schedule C - Income. Loans. & Bu	usiness Positions – schedule attached	
Schedule A-2 - Investments – schedule attached			Schedule D - Income – Gifts – schedule attached		
Schedule B -	Real Property - schedule attached		Schedule E - Income - Gifts - Tra	vel Payments – schedule attached	
		-or-			
	None - No r	eportable interest	s on any schedule		
5. Verification			usuunna teesimet kuolin täälää konna suurutusa esimmäkkon säänään kontainaan kessaalin saalin olekaatika viisiden k		
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE	
(Business or Agency Add	dress Recommended - Public Document)				
DAYTIME TELEPHONE	NUMBER	E	-MAIL ADDRESS		
		;	agordon@sco.ca.gov		
	sonable diligence in preparing this statement attached schedules is true and complete.	nt. I have reviewe	ed this statement and to the best of m	y knowledge the information contained	
•	nalty of perjury under the laws of the S	-		rect (	
Date Signed	May 23, 2011	Sia	nature		
Date Signed	(month, day, year)	Sigi	iucui s		